

If you will be making sales in Missouri, you must fill out form 2643, Missouri Tax Registration Application.

BEFORE THE DEPARTMENT CAN PROCESS YOUR TRANSIENT EMPLOYER APPLICATION, YOU MUST PROVIDE THE FOLLOWING WITH THIS APPLICATION:

CHECKLIST

- ☐ A completed insurance certification document indicating Missouri as a covered state for Workers' Compensation
 - ☐ If hiring a Missouri resident, you will need your Missouri Employment Security Account Number issued by the Missouri Department of Labor (573) 751-3215
 - ☐ Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office (866) 223-6535
 - ☐ A Transient Employer Bond not less than \$5,000, not more than \$25,000

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.

If you have ever been issued a tax identification number, enter that number in lines 1 and 2 if applicable:

1. Missouri Tax ID Number issued by the Missouri Department of Revenue
2. Federal ID Number (FEIN) issued by the Internal Revenue Service. To obtain contact IRS at (1-800-829-4933) or **www.irs.gov**

3. Missouri Employment Security Account number, if hiring a Missouri resident: _____
(first seven digits required)

4. Check all tax types for which you are applying:

- ☐ Transient Employer Withholding Tax (Bond Required)
- ☐ Corporate Income Tax
- ☐ Corporate Franchise Tax
- ☐ Consumer's Use Tax (Use tax is imposed on the storage, use, or consumption of tangible personal property in this state. You must pay consumer's use tax on tangible personal property stored, used, or consumed in Missouri unless you paid sales or use tax to the seller or the property is exempt from tax.)

5. Describe the business activity, stating the major products sold and/or services provided.

BUSINESS NAME AND PHYSICAL LOCATION

- | | |
|--|--|
| 6. Business Name (attach list if necessary for additional locations) | Street, Highway (Do not use P.O. Box Number or Rural Route Number) |
|--|--|

City, State, Zip Code

County

Business Telephone Number

() -

7. The location of your job site(s) in Missouri (Attach list if necessary): _____

- 8a.** Is this business inside the city limits of any city or municipality in Missouri? To verify go to <https://dors.mo.gov/tax/strgis/index.jsp>

- ☐ No ☐ Yes—Specify the city: _____

- 8b.** Is this business inside a district(s)? For example, ambulance, fire, tourism, community or transportation development.

- ☐ No ☐ Yes—Specify the district name(s): _____

OWNER NAME AND ADDRESS

9. Owner Name (Enter legal entity name unless sole proprietor. Partners, members, and officers must be listed below.)

If the owner is a sole owner or a partnership, you must provide:

Social Security Number

Date of Birth

Telephone Number

_____ - _____ / _____ / _____ (_____) _____ - _____

Address

E-Mail Address

City

State	
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Zip Code

County

OWNERSHIP TYPE**10. Ownership Type**

☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to register with the Secretary of State's Office, <http://www.sos.mo.gov/> or call 1-866-223-6535. Your application **will not be complete** without providing the charter number issued to you by the Missouri Secretary of State's Office.

☐ Limited Partnership — LP Number _____ ☐ Other _____

☐ Limited Liability Partnership — LLP Number _____

☐ Limited Liability Limited Partnership — LLLP Number _____

☐ Limited Liability Company — LLC Number _____

Taxed as a ☐ Disregarded Entity ☐ Partnership ☐ Corporation

☐ Missouri Corporation — Missouri Charter No. _____

☐ Non-Missouri Corporation — Certificate of Authority No. _____

☐ Not Required to register with Missouri Secretary of State

Date Incorporated _____

State of Incorporation and Date Registered in Missouri _____

BUSINESS MAILING ADDRESS (Reporting Forms and Notices are mailed to this address.)

11. Street, Route or PO Box Number	City	State	Zip Code

OFFICERS, PARTNERS, MEMBERS, OR SPOUSE (of sole owner) (All information is required, attach list if needed.)

12. Name (Last, First, Middle Initial)	Title	FEIN	Social Security No.	Birthdate
Home Address	City	State	Zip Code	County
13. Name (Last, First, Middle Initial)	Title	FEIN	Social Security No.	Birthdate
Home Address	City	State	Zip Code	County
14. Name (Last, First, Middle Initial)	Title	FEIN	Social Security No.	Birthdate
Home Address	City	State	Zip Code	County

EMPLOYER WITHHOLDING TAX

15. Missouri Withholding Begin Date:	M	M	D	D	Y	Y	How many of your employees will work in Missouri?

16. Will any of your employees be Missouri residents?

17. Calculate estimated withholding tax:

Estimated monthly gross wages _____ x 6% = _____

☐ A. *Annually*, less than \$20 withholding tax per quarter

☐ M. *Monthly*, \$500 to \$9,000 withholding tax per month

☐ Q. *Quarterly*, \$20 withholding tax per quarter to \$500 per month

☐ W. *Quarter/Monthly (weekly)*, over \$9,000 withholding tax per month
(required to pay tax electronically)

18. Does a parent company file withholding tax reports and receive full compensation for timely filed returns?

☐ Yes ☐ No

19. If you do not pay wages **year round**, please check the months that you do pay wages.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

TRANSIENT EMPLOYER BOND**20. CALCULATE TRANSIENT EMPLOYER BOND AMOUNT****A. Missouri Withholding Tax**

Monthly Gross Wages _____ x 6% = _____ x 3 = _____ (a)

B. Missouri Unemployment Tax

Average # of Workers _____ x \$7,000 = _____ x 3.38% = _____ / 4 = _____ (b)

(a) _____ + (b) _____ = _____ (Amount of bond—minimum \$5,000)

Access bond forms at <http://dor.mo.gov/forms/index.php?category=13>**TYPE OF BOND** ☐ Surety Bond Form 331 ☐ Cash Bond Form 332 ☐ Irrevocable Letter of Credit Form 2879 ☐ Certificate of Deposit Form 4172**CORPORATE INCOME/FRANCHISE TAX****21. Is this corporation registered with the Internal Revenue Service as a:**☐ Regular or Close Corporation ☐ Sub Chapter S Corporation**22. Corporate Tax Begin Date in Missouri:** M M D D Y Y **Corporate Taxable Year End:** M M D D**23. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri Estimated Tax is expected to be at least \$250, or 6.25% of the Missouri taxable income, check the "yes" box.**☐ Yes ☐ No**CONSUMER'S USE TAX****24. Consumer's/Taxable Purchases Begin Date:** M M D D Y Y**SIGNATURE (MUST BE LISTED AS AN OWNER IN THE "OWNERSHIP TYPE" SECTION.)****25. Under penalties of perjury, I declare that the above information and any attached supplements is true, complete, and correct. The application must be signed by the owner, if the business is a sole ownership; partner, if the business is a partnership; reported officer, if the business is a corporation or by a member, if the business is a L.L.C. as reported on this application.**

SIGNATURE (For acceptable signature, see above)

TITLE

DATE

PRINT NAME

E-MAIL ADDRESS

CONFIDENTIALITY OF TAX RECORDS

Missouri Statute 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply us with a power of attorney giving us the authority to release confidential information to them. To obtain DOR-2827, Power of Attorney form, visit our web site at <http://dor.mo.gov/forms/pdf>.